

NOTICE OF CHANGE - LOCAL/CHAPTER OFFICERS

Date of Change: _____ Local #: _____ Chapter #: _____

Local/Chapter Name: _____

Local/Chapter Address: _____

Service/Staff Representative: _____

Telephone: (____) _____ Fax Number: (____) _____

INSTRUCTIONS: Please fill out form completely with current Officer Information and return to AFSCME Council 4, 444 East Main Street, New Britain, CT 06051, Attn: Megan Batchelder. **Please type or print clearly.**

Length of Term: Election Date: _____ **End Date:** _____

Contract Expiration Date: _____

Local/Chapter Officers:

President: _____

Mailing Address: _____

Tel (hm): _____

Tel (wk) _____

Other: _____

Personal E-mail: _____

Vice President: _____

Mailing Address: _____

Tel (hm): _____

Tel (wk): _____

Other: _____

Personal E-mail: _____

Secretary: _____

Mailing Address: _____

Tel (hm): _____

Tel (wk): _____

Other: _____

Personal E-mail: _____

Corresponding Secretary:

Mailing Address: _____

Tel (hm): _____

Tel (wk): _____

Other: _____

Personal E-mail: _____

Treasurer: _____

Mailing Address: _____

Tel (hm): _____

Tel (wk): _____

Other: _____

Personal E-mail: _____